



U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

Denial of Federal Benefits Program

Fax Number: (202)616-0511

Voice Number: (202)616-3506

Denial of Federal Benefits Documentation Request Form

Request From (Please Print):

Agency/Company: _____

Name: _____

Address: _____

Suite #: _____

Phone Number: () - Ext.

Fax Number: () -

Documents Requested:

Quantity Desired	Document Name	Description
	Brochure	Easy to read document highlighting what the DFB statute is about. This includes who can be denied benefits, for how long, and what benefits can be denied.
	Fact Sheet	A comprehensive description of the program, includes rationale for the program, provisions of the statute, program implementation, and an overview and how the denial process works.
	State Court Judgement and Conviction Form (OJP Admin Form 3500/2)	The Judgement and Conviction Form that is filled out by the court official. This includes the form to fill out to deny Federal benefits.
N/A	Poster (Will be available soon)	A poster to display that informs people about the DFB program and what effects it could impose upon a drug trafficker or possessor.
	Information Packet	Folder that includes brochure, Federal Register excerpt, DOJ guidelines, DFB fact sheet, copy of the statute, Implementation procedures provided by the President of the United States, excerpt from the United States Sentencing Commission Guidelines Manual, State Court Judgement and Conviction Form (including DFB page), and DFB Federal Court Judgement and Conviction Form (including DFB page).

For Denial of Federal Benefits Use Only:

Date Request Received: / /

Name of Recipient: _____

Date Materials Sent: / /